

# EAOP

*Employee  
Accident  
Option plus*

## Employee Accident Insurance Off the Job Coverage



- A limited supplemental policy providing Accident Insurance.
- Coverage for Off the Job Accidents.
- Guaranteed Renewable for life.

*Protection for the  
Unexpected!*



**Does NOT cover On the Job Accidents**

Approved for use in: NH

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

## ELIGIBILITY AND PREMIUM RATES

### ELIGIBILITY FOR BASE PLAN

All employees ages 18-70 and working a minimum of 15 hours a week are eligible for participation in the Accident Insurance plan; an enrolled employee may also insure their spouse (*ages 18-70*) and children (*by blood or by law*) under age 26.

### GUARANTEED RENEWABLE

Coverage is guaranteed renewable for life as long as premiums are paid.

### EFFECTIVE DATE OF COVERAGE

Coverage becomes effective at 11:59 PM on the date of the signed application.

### PORTABILITY

This policy is fully portable. If an employee leaves the group, he/she can keep this policy at the same premium rate which active employees are paying.

### ELIGIBILITY FOR RIDERS

All employees, spouses and/or children enrolled in the base plan are eligible for the following riders. These riders must be purchased on all enrolled family members.

- Enhanced Emergency Room Benefit Rider
- Enhanced Physician Office/Urgent Care Benefit Rider

## PLAN WEEKLY CONTRIBUTIONS

	Employee Only	Employee & Spouse Only	Employee & Children Only	Employee Spouse & Children
Base Plan - <i>off the job only</i>	\$2.65	\$3.98	\$5.38	\$6.70
Enhanced Emergency Room Benefit Rider - per \$100 benefit ( <i>max 3 units</i> )	\$ .19	\$ .37	\$ .70	\$ .87
Enhanced Physician Office/Urgent Care Benefit Rider - per \$25 benefit ( <i>max 2 units</i> )	\$ .12	\$ .24	\$ .29	\$ .41

## BOSTON MUTUAL'S ACCIDENT POLICY PROVIDES THE FOLLOWING ACCIDENT ONLY BENEFITS:

<u><b>Air Ambulance</b></u> .....	\$500	→	Within 48 hours after the covered accident.
<u><b>Ambulance</b></u> .....	\$100	→	Within 90 days of the covered accident.
<u><b>Appliance</b></u> .....	\$100	→	Within 90 days after the covered accident. For mobility and personal locomotion.
<u><b>Blood/Plasma/Platelets/Transfusion</b></u> .....	\$300	→	Within 90 days of the covered accident.
<u><b>Burns</b></u> .....	\$750 to \$10,000	→	Care by a physician within 72 hours after the covered accident. Scheduled amount based on degree of burn.
<u><b>Concussion</b></u> .....	\$100	→	Diagnosed by a physician within 72 hours after the covered accident.
<u><b>Dislocations</b></u> (Separated Joint) .....	\$50 to \$8,000	→	Based on the type of surgery and joint involved.
<u><b>Emergency Dental Work</b></u> .....	\$50 to \$150	→	Based on whether tooth is extracted or repaired.
<u><b>Emergency Room Care</b></u> .....	\$50	→	Examination and treatment within 72 hours after the covered accident. <b>Can be increased by \$100, \$200 or \$300 with the Enhanced Emergency Room Benefit Rider.</b>
<u><b>Follow-Up Physician Care</b></u> .....	\$50	→	Within 90 days of the covered accident.
<u><b>Fractures</b></u> .....	\$25 to \$10,000	→	Based on the type of surgery and bone involved.
<u><b>Hospital Admission</b></u> .....	\$1,000	→	<b>(\$2,000 if immediately admitted into Intensive Care Unit)</b> Within 6 months after the covered accident.
<u><b>Hospital Confinement</b></u> .....	\$250 per day up to 365 days	→	Within 6 months after the covered accident.
<u><b>Hospital Intensive Care</b></u> .....	\$500 per day up to 30 days	→	The confinement must begin within 30 days after the covered accident.
<u><b>Initial Physician's Office/Urgent Care Visit</b></u> .....	\$50	→	Within 60 days after the covered accident. <b>Can be increased by \$25 or \$50 with the Enhanced Physician Office/Urgent Care Benefit Rider.</b>
<u><b>Lacerations</b></u> .....	\$25 to \$400	→	Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.
<u><b>Lodging</b></u> .....	\$100 per night	→	Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence.
<u><b>Major Diagnostic Exams</b></u> .....	\$150	→	Per calendar year for CT scan, MRI or EEG as the result of a covered accident.
<u><b>Physical Therapy</b></u> .....	\$25 per day	→	Maximum of 6 days. Within 6 months of covered accident.
<u><b>Prosthetic Device/Artificial Limb</b></u> .....	\$500 to \$1,000	→	Within 1 year of the covered accident.
<u><b>Rehabilitation Unit</b></u> .....	\$150 per day	→	When confined in a rehab unit following hospitalization. Up to 30 days.
<u><b>Ruptured Disc</b></u> .....	\$400	→	Care by a physician within 60 days after the covered accident or repaired through surgery within 1 year after the covered accident.
<u><b>Severe Eye Injury</b></u> .....	\$200	→	Within 90 days of the covered accident.
<u><b>Surgery</b></u> (Abdominal or thoracic) .....	\$1,000	→	Within 72 hours after the covered accident. Benefit is \$100 if exploratory surgery with no repair.
<u><b>Tendon/Ligament/Rotator Cuff</b></u> .....	\$150, \$600 or \$900	→	Must be repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.
<u><b>Torn Knee Cartilage</b></u> .....	\$750	→	Care by a physician within 60 days or repaired through surgery within 6 months after the covered accident. Benefit is \$150 if exploratory arthroscopic surgery with no repair or if no surgery is performed.
<u><b>Transportation</b></u> .....	\$300 per round trip	→	Up to 3 round trips per covered accident. For care more than 100 miles roundtrip from your home.

## ACCIDENTAL DEATH AND DISMEMBERMENT

Boston Mutual's Accident policy will provide the following benefits for injuries that are the result of a covered accident and cause death or dismemberment.

### ACCIDENTAL DEATH BENEFITS:

<u>COVERED PERSON</u>	<u>COMMON CARRIER</u>	<u>OTHER</u>
Named Insured	\$100,000	\$50,000
Spouse	\$100,000	\$50,000
Child(ren)	\$20,000	\$10,000

The **Dismemberment Benefit** is paid based on the number of limbs lost and/or the specific limb(s) lost.

Loss of Finger, Toe, Hand, Foot or Sight of Eye ..... \$1,500 to \$30,000 (*schedule amount depending on loss*)

## EXTENDED LOSS ACCIDENT COVERAGE

Boston Mutual can help with severe injuries by providing a benefit for the life-altering loss that results from an accident. Extended loss is an injury that within 365 days of the covered accident results in the total and irrecoverable loss of:

- both hands or both feet, or
- one hand or one foot, or
- both arms or both legs (*or loss of use*), or
- one arm or one leg (*or loss of use*), or
- sight of both eyes, or
- hearing in both ears, or
- the ability to speak

The **Extended Loss Accident Coverage** is payable after a 365 day elimination period and is reduced by 50% beginning on the day that the insured person reaches age 70.

<u>COVERED PERSON</u>	<u>BENEFIT AMOUNT PER LIFETIME</u>
Named Insured	\$100,000
Spouse	\$100,000
Child(ren)	\$50,000

## GENERAL INFORMATION

All benefits are subject to limitations as explained in the policy. They are payable once per covered accident and care and/or loss must occur within 90 days of the covered accident unless noted otherwise. This brochure provides a general description of the important features of Policy Form WS-ACC (OJ) 8/08.

This brochure is not the insurance contract and only the actual policy provisions will control. Before purchasing coverage, refer to the Policy or Outline of Coverage for state-specific description of benefit provisions, exclusions and limitations.

## POLICY EXCLUSIONS - WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused by or are the result of any Insured Person:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury;
3. intentionally self-inflicted Injury;
4. committing suicide or attempted suicide, while sane or insane;
5. receiving injuries due to an act of declared or undeclared war;
6. actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
7. driving any taxi for wage, compensation, or profit;
8. having Mental or Nervous Disorders;
9. suffering from alcoholism or drug addiction;
10. suffering from a loss sustained or contracted while driving or operating a vehicle while intoxicated (intoxicated means that your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred) or under the influence of any illicit or Controlled Substance unless administered on the advice of a Physician;
11. sustaining a loss to which a contributing cause was the commission of or an attempt to commit a felony; or
12. incurring an injury while the Insured Person is working for pay or profit.



## OPTIONAL BENEFIT RIDERS

### ACCIDENT ONLY ENHANCED PHYSICIAN OFFICE/ URGENT CARE BENEFIT RIDER

*EPO-Rider 12/11 - Available for additional premium*

We will pay an additional \$25 or \$50 benefit amount when an insured person requires initial examination and care by a Physician in a physician's office or urgent care facility. The care must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. Payable once per Covered Accident. This benefit is paid in addition to the \$50 Physician's Office/Urgent Care benefit in the base policy.

### ACCIDENT ONLY ENHANCED EMERGENCY ROOM BENEFIT RIDER

*EER-Rider 12/11 - Available for additional premium*

We will pay an additional \$100, \$200 or \$300 benefit amount when an insured person is cared for in a hospital emergency room within 72 hours after the covered incident. This amount is paid in addition to the base policy Emergency Room benefit of \$50.



## Accidents Do Happen!

*They often occur in places where you feel most safe.*

### *Did you know that?*

- 1 out of 8 people each year seek medical attention for an injury.
- The average household cost associated with lost wages, medical and other injury related expenses is \$6,200.
- There are over 42 million visits each year to hospital emergency rooms for treatment of an injury.
- 53% of all injuries occur in or around the home.
- 40% of injuries are related to sports and leisure activities.
- 9 out of 10 deaths and about 70% of injuries occur off-the-job.

• Source: *Injury Facts*, 2012 Edition

*While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.*

*Are you prepared for these extra expenses?*

Let BML's **E**mployee **A**ccident **O**ption **P**lus  
give you protection for the unexpected!







**BOSTON MUTUAL LIFE INSURANCE COMPANY**

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*www.bostonmutual.com*

Policy Form WS-ACC (OJ) 8/08

Sp Acc - Rider 12/11, CA - Rider 12/11, EER - Rider 12/11, EPO - Rider 12/11

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